

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Patent No. 6,298,862
Filing Date	Issued October 9, 2001
First Named Inventor	Thomas J. Laughlin
Group Art Unit	
Examiner Name	
Attorney Docket Number	117645-1032

I hereby appoint:

☐ Practitioners at Customer Number →

*Place Customer
Number Bar Code
Label here*

OR

☒ Practitioner(s) named below:

Name	Registration Number
Michael A. O'Neil	23,007

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioner(s) at Customer Number. →

*Place Customer
Number Bar Code
Label here*

☒ Firm or
Individual Name

Michael A. O'Neil, P.C.

Address 5949 Sherry Lane, Suite 820

Address

City

Dallas

State TX

Zip 75225

Country

USA

Telephone

214-739-0088

Fax

214-739-8284

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Thomas J. Laughlin, President of Laughlin Products, Inc., Assignee

Signature

Tom Laughlin
7-18-03

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**Terminal Disclaimer To Obviate A Double
Patenting Rejection Over A Prior Patent**

Docket No.
117645-1013

In Re Application Of: **Thomas J. Laughlin**

Serial No.
09/663,023

Filing Date
9/15/00

Examiner
R. Doan

Group Art Unit
3732

Invention: **SYSTEM FOR AUTOMATICALLY COATING THE HUMAN BODY**

Owner of Record: **Laughlin Products, Inc.**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

The above-identified owner of record of a **100** percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 to 156 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. **6,199,557**. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors and/or assigns.

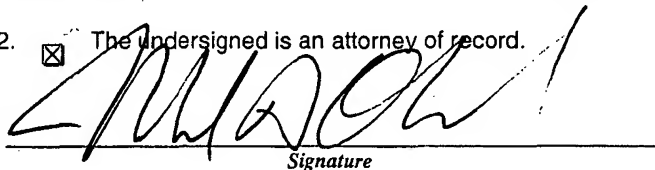
In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 to 156 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 C.F.R. 1.321, has all claims cancelled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. ☐ For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. ☒ The undersigned is an attorney of record.


Signature

Dated: **March 14, 2001**

Michael A. O'Neil

Typed or Printed Name

- ☒ Terminal disclaimer fee under 37 C.F.R. 1.20(d) included.
☒ PTO suggested wording for terminal disclaimer was unchanged.
☐ Certification under 37 C.F.R. 3.73(b) is required if terminal disclaimer is signed by the assignee.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

117645-1032

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed

in patent number 6,298,862, granted 10/9/01, and for which a reissue patent is sought on the invention METHOD OF AND APPARATUS FOR AUTOMATICALLY

COATING THE HUMAN BODY: FOGGING TECHNOLOGY

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Applicant desires to correct an error in the patent which was made without any deceptive intention. As a result of the error, the patent is deemed wholly or partly inoperative by reason of the patentee claiming less than he had a right to claim in the patent. In particular, the patentee failed to claim all of the different devices that can be used for capturing fog generated by the fogging nozzle which is not received on the skin of the person situated within the coating chamber. Instead, the patentee only claimed at least one filter for capturing fog generated by the fogging nozzle which is not received on the skin of the person situated within the coating chamber. The Applicant desires to correct this error in the patent by amending claim 1 to include the limitation of means for capturing fog generated by the fogging nozzle which is not received on the skin of the person situated within the coating chamber.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
117645-1032

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number
Michael A. O'Neil 23,007

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Michael A. O'Neil, P.C.				
Address	5949 Sherry Lane, Suite 820				
Address					
City	Dallas	State	TX	Zip	75225
Country	USA				
Telephone	214-739-0088	Fax	214-739-8284		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Thomas J. Laughlin					
Inventor's signature		Date			
Residence		Citizenship			
3506 Blueberry Hill, Grapevine, TX 76051		United States			
Mailing Address same					
Full name of second joint inventor (given name, family name)					
Inventor's signature		Date			
Residence		Citizenship			
Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature		Date			
Residence		Citizenship			
Mailing Address					
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					